

3723
\$

Please type a plus sign (+) inside this box ☐

+

PTO/SB/21 (6-98)

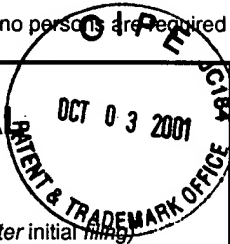
Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number	09/780,553
Filing Date	February 9, 2001
First Named Inventor	Teffy R. Chamoun
Group Art Unit	3723
Examiner Name	Not yet assigned
Attorney Docket Number	7652/81372

RECEIVED
OCT 10 2001
TECHNOLOGY CENTER R3700

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (\$85.00) <input checked="" type="checkbox"/> Amendment/Response (Preliminary) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Formal Drawing(s) Transmittal <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notices, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div>- Amendment Transmittal</div>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Mitchell J. Weinstein, Esq. (Reg. No. 37,963)
Signature	
Date	September 28, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope Addressed to: Box Amendment /Fee Commissioner for Patents, Washington, DC 20231 on this date: 09/28/01

Typed or Printed Name	Mitchell J. Weinstein (Reg. No. 37,963)
Signature	
Date	September 28, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: *Teffy R. Chamoun*

Group No.: 3723

Serial No. 09/780,553

Examiner: Not yet assigned

Filed: February 9, 2001

For: MOTORCYCLE LIFT



I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on this date:

09/28/2001

Date Mitchell J. Weinstein, Reg. No. 37,963
Attorney for Applicant(s)

RECEIVED
OCT 10 2001
TECHNOLOGY CENTER R3700

RECEIVED

Box AMENDMENT- FEE
COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

() No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	<u>31</u>	- <u>26</u>	= <u>5</u>	X \$9.00	= \$ <u>45.00</u>
Independent Claims	<u>4</u>	- <u>3</u>	= <u>1</u>	X \$40.00	= \$ <u>85.00</u>
Multiple Dependent Claims				\$260.00	= \$ <u>0</u>
			Total Additional Fee		\$ <u>85.00</u>
(X) Small Entity Fee (reduced by half).					\$ <u>85.00</u>

(X) A check in the amount of \$ 85.00 is attached.

() Charge \$ _____ to Deposit Account No. 23-0920.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 23-0920. Should no proper amount be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 23-0920. A duplicate copy of this sheet is enclosed.

120 S. Riverside Plaza, 22nd Floor
Chicago, Illinois 60606
(312) 655-1500

WELSH & KATZ, LTD.

By: Mitchell J. Weinstein
Registration No. 37,963

A